
Subtopic: VIAGRARX

SILDENAFIL PRESCRIPTION REQUEST

1. Reference: DOD (HA) Policy #90-040, 6 Aug 98, Practice Guidelines for the Evaluation of Patients Requesting Sildenafil, (Viagra ®)
2. Directions: The prescriber completes the form and submits it to the Outpatient Pharmacy to purchase as a nonformulary item.
3. Evaluation and Prescribing Requirements: (Place a check next to each letter to indicate compliance.)
 - a. Organic Erectile Dysfunction (ED) has been established. The following have been ruled out: decreased libido, ejaculatory disorders, performance anxiety and depression. (If these are present, referral to Urology, Endocrinology, and Psychiatry.)
 - b. Rule out any reversible cause. The principal reversible cause is starting a new medication (e.g., anti-hypertensives or anti-depressants) with concurrent development of ED. If possible, consider alternative medication(s).
 - c. Consideration evaluation for diseases associated with ED. Evaluate as appropriate. (e.g., Multiple Sclerosis, Diabetes, Thyroid disease, Coronary artery disease, or Peripheral vascular disease.
 - d. The patient is NOT receiving nitrates. (Sildenafil is CONTRAINDICATED in these men.)
 - e. Perform a directed physical examination. (Consider evaluation of breasts, hair distribution, genitalia, and prostate.)
 - f. If an INITIAL PRESCRIPTION for Sildenafil: Prescribe three 100 mg tablets with an initial dose of 50 mg ($\frac{1}{2}$ of a 100mg tablet) on an empty stomach one hour prior to intercourse. If ineffective, try 100 mg on an empty stomach one hour prior to intercourse. If still ineffective, try another 100mg dose on a separate occasion. If NOT an initial prescription for Sildenafil: The single MAXIMUM dose of Sildenafil is 100mg in 24 hours. The number of tablets covered by the TRICARE benefit for all beneficiaries WILL NOT exceed 6 tablets per month. This is also the same maximum quantity for a military Medical Treatment Facility to provide as a nonformulary purchase.
 - g. If the medication is ineffective after these 3 doses, the treatment failure will be documented and the patient will be referred to a urologist for alternative therapies.
 - h. The patient has been counseled to adjust dosing interval based on other circumstances that affect the metabolism of drug (i.e., any hepatic or renal insufficiencies, or the co-administration of medications such as: Cimetidine, Erythromycin, or Ketoconazole).

4. Prescription. (VALID ONLY IF WRITTEN BY MTF PROVIDERS)

Patient Name: _____ Age: _____
Date: _____ Telephone: _____
Address: _____

RX Circle selection below:

TRIAL DOSE

Sildenafil 100 mg tablets Dispense: three (3) tablets and a tablet cutter NO REFILL

or

ONGOING RX

Sildenafil 100 mg tablets Dispense: six (6) tablets REFILL X5 (once every 30 days)

Or

Sig: Take ½ tablet on an empty stomach one hour prior to intercourse. If ineffective, increase the dose to 1 tablet. Do not exceed 100mg in 24 hours.

The above prescribing requirements were met.
Prescriber's signature:

Prescriber's Printed Signature Block & SSN/DEA Number.

Patient's Stamp Plate:

PROVIDER'S INFORMATION SHEET – SILDENAFIL

* Indications:

Erectile dysfunction (ED)

Efficacy response decreases for more severe degrees or longer duration of dysfunction.

*Dosage:

25 mg, 50 mg, 100 mg PO

- effective from 30 mins to 4 hrs after ingestion with peak serum level at 1 hr
- nonfasting state delays absorption and action > 1 hr
- most men with substantial ED will require 50 to 100 mg
- reserve 25 mg dose for younger patients with minimal ED

* Action:

Sildenafil is a type-5 phosphodiesterase inhibitor
-does not produce erection without sexual stimulation

* Adverse Effects:

Only 2.3% drop out rate over long term related to side effects
- higher dose produces higher incidence of side effects
- 15% headache
- 10% flushing (face and upper torso)
- 6% dyspepsia
- 4% nasal congestion
- 3% mild, transient blue/green color discrimination
- no reported occurrence of priapism

* Contraindications:

Any known allergies to a type-5 phosphodiesterase inhibitor
- ABSOLUTE – concomitant use of nitrates (e.g., Isordil ®, Nitro-dur ®).

* Combination of Sildenafil with other treatments for ED have not been studied. Therefore, the use of such combinations is not recommended.

PATIENT'S INFORMATION SHEET – SILDENAFIL

* Sildenafil's action begins 30 to 60 minutes after ingestion on an empty stomach

* A full stomach prior to intake of Sildenafil may delay action for 1 or more hours

* Sildenafil has no effect in the absence of sexual stimulation

* Side effects occurring in less than one in ten patients include:

- headaches
- flushing of the face and/or chest
- indigestion
- nasal congestion
- mild blue/green visual color impairment

* Do not take Sildenafil if you also take nitrate medicine such as Isordil ® or nitroglycerin tablets.

* Taking more than the prescribed dose will not enhance the action of the drug; it may only increase the side effects.

* Sildenafil should not be taken more than once per day.

* Sildenafil does not work in everyone; if you have no response after the initial trial consult your doctor or pharmacist.

Patient's Acknowledgement of counseling and Receipt of the Medication:
(Signature and date)
